

**COMMUNITY SERVICE**  
**RECORD FORM**

LAST NAME: _____
FIRST NAME _____
TOTAL HOURS: _____
GRADE LEVEL: 9 10 11 12      PLEASE CIRCLE ONE
DATE _____
GUIDANCE COUNSELOR: _____

**In order for the student to receive proper credit please provide all requested information.**

1) BRIEF DESCRIPTION OF ACTIVITY (MUST BE CLEAR AND CONCISE):

\_\_\_\_\_

\_\_\_\_\_

NAME (Adult Supervisor of Sponsoring Organization):

\_\_\_\_\_

TITLE: \_\_\_\_\_

I certify that this activity has been completed on a volunteer basis and that this student has not received payment for services.

SIGNATURE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

NAME OF ORGANIZATION: \_\_\_\_\_

DATES, TIMES OF SERVICE: \_\_\_\_\_

TOTAL HOURS: \_\_\_\_\_

DATE: \_\_\_\_\_

**COMMUNITY SERVICE**  
**RECORD FORM**

2) BRIEF DESCRIPTION OF ACTIVITY (MUST BE CLEAR AND CONCISE):

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NAME (Adult Supervisor of Sponsoring Organization):

TITLE: \_\_\_\_\_

I certify that this activity has been completed on a volunteer basis  
and that this student has not received payment for services.

SIGNATURE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

NAME OF ORGANIZATION: \_\_\_\_\_

DATES, TIMES OF SERVICE: \_\_\_\_\_

TOTAL HOURS: \_\_\_\_\_

DATE: \_\_\_\_\_

3) BRIEF DESCRIPTION OF ACTIVITY (MUST BE CLEAR AND CONCISE):

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NAME (Adult Supervisor of Sponsoring Organization):

TITLE: \_\_\_\_\_

I certify that this activity has been completed on a volunteer basis  
and that this student has not received payment for services.

SIGNATURE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

NAME OF ORGANIZATION: \_\_\_\_\_

DATES, TIMES OF SERVICE: \_\_\_\_\_

TOTAL HOURS: \_\_\_\_\_

DATE: \_\_\_\_\_

**COMMUNITY SERVICE**  
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4) BRIEF DESCRIPTION OF ACTIVITY (MUST BE CLEAR AND CONCISE):

\_\_\_\_\_  
\_\_\_\_\_

NAME (Adult Supervisor of Sponsoring Organization):

\_\_\_\_\_

TITLE: \_\_\_\_\_

I certify that this activity has been completed on a volunteer basis and that this student has not received payment for services.

SIGNATURE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

NAME OF ORGANIZATION: \_\_\_\_\_

DATES, TIMES OF SERVICE: \_\_\_\_\_

TOTAL HOURS: \_\_\_\_\_

DATE: \_\_\_\_\_

5) BRIEF DESCRIPTION OF ACTIVITY (MUST BE CLEAR AND CONCISE):

\_\_\_\_\_  
\_\_\_\_\_

NAME (Adult Supervisor of Sponsoring Organization):

\_\_\_\_\_

TITLE: \_\_\_\_\_

I certify that this activity has been completed on a volunteer basis and that this student has not received payment for services.

SIGNATURE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

NAME OF ORGANIZATION: \_\_\_\_\_

DATES, TIMES OF SERVICE: \_\_\_\_\_

TOTAL HOURS: \_\_\_\_\_

DATE: \_\_\_\_\_

**COMMUNITY SERVICE**  
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6) BRIEF DESCRIPTION OF ACTIVITY (MUST BE CLEAR AND CONCISE):

\_\_\_\_\_  
\_\_\_\_\_

NAME (Adult Supervisor of Sponsoring Organization):

\_\_\_\_\_

TITLE: \_\_\_\_\_

I certify that this activity has been completed on a volunteer basis and that this student has not received payment for services.

SIGNATURE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

NAME OF ORGANIZATION: \_\_\_\_\_

DATES, TIMES OF SERVICE: \_\_\_\_\_

TOTAL HOURS: \_\_\_\_\_

DATE: \_\_\_\_\_

7) BRIEF DESCRIPTION OF ACTIVITY (MUST BE CLEAR AND CONCISE):

\_\_\_\_\_  
\_\_\_\_\_

NAME (Adult Supervisor of Sponsoring Organization):

\_\_\_\_\_

TITLE: \_\_\_\_\_

I certify that this activity has been completed on a volunteer basis and that this student has not received payment for services.

SIGNATURE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

NAME OF ORGANIZATION: \_\_\_\_\_

DATES, TIMES OF SERVICE: \_\_\_\_\_

TOTAL HOURS: \_\_\_\_\_

DATE: \_\_\_\_\_

**COMMUNITY SERVICE**  
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8) BRIEF DESCRIPTION OF ACTIVITY (MUST BE CLEAR AND CONCISE):

\_\_\_\_\_

\_\_\_\_\_

NAME (Adult Supervisor of Sponsoring Organization):

\_\_\_\_\_

TITLE: \_\_\_\_\_

I certify that this activity has been completed on a volunteer basis  
and that this student has not received payment for services.

SIGNATURE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

NAME OF ORGANIZATION: \_\_\_\_\_

DATES, TIMES OF SERVICE: \_\_\_\_\_

TOTAL HOURS: \_\_\_\_\_

DATE: \_\_\_\_\_

9) BRIEF DESCRIPTION OF ACTIVITY (MUST BE CLEAR AND CONCISE):

\_\_\_\_\_

\_\_\_\_\_

NAME (Adult Supervisor of Sponsoring Organization):

\_\_\_\_\_

TITLE: \_\_\_\_\_

I certify that this activity has been completed on a volunteer basis  
and that this student has not received payment for services.

SIGNATURE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

NAME OF ORGANIZATION: \_\_\_\_\_

DATES, TIMES OF SERVICE: \_\_\_\_\_

TOTAL HOURS: \_\_\_\_\_

DATE: \_\_\_\_\_

# COMMUNITY SERVICE RECORD FORM

10) BRIEF DESCRIPTION OF ACTIVITY (MUST BE CLEAR AND CONCISE):

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NAME (Adult Supervisor of Sponsoring Organization):

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TITLE: \_\_\_\_\_

I certify that this activity has been completed on a volunteer basis  
and that this student has not received payment for services.

SIGNATURE: \_\_\_\_\_

TITLE: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

NAME OF ORGANIZATION: \_\_\_\_\_

DATES, TIMES OF SERVICE: \_\_\_\_\_

TOTAL HOURS: \_\_\_\_\_

DATE: \_\_\_\_\_